



# APPLICATION FOR ENROLLMENT



Child's Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:	
Date of Birth (or due date):					
Parent(s)/Legal Guardian:					
Address:				( )	
Street		City		Zip	Phone
Parent/Guardian 1	<input type="checkbox"/> SUNY Student	<input type="checkbox"/> State Employee	<input type="checkbox"/> Community Resident	<input type="checkbox"/> SCC Employee	Union Representation:
Parent/Guardian 2	<input type="checkbox"/> SUNY Student	<input type="checkbox"/> State Employee	<input type="checkbox"/> Community Resident	<input type="checkbox"/> SCC Employee	Union Representation:
Hours of care required : Please give times (we are open 7:00am - 5:30pm M-F)					
	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive at:					
Depart at:					
Indicate date you wish your child to begin:					
If employed, Parent/Guardian's place of employment:					
Name:			Name:		
Place:			Place:		
Tel. #:			Tel. #:		
Days/Hours			Days/Hours		
Soc. Sec #			Soc. Sec #		
Does your child have special needs?:					
How did you hear about us?(select all that apply): <input type="checkbox"/> campus referral <input type="checkbox"/> friend/acquaintance <input type="checkbox"/> newspaper					
<input type="checkbox"/> web page <input type="checkbox"/> other (please specify):					
Fees are determined by a sliding fee scale based on gross household income. Verification of income will be required upon enrollment. A \$20 non-refundable fee must accompany this application. Make your check payable to: Bugbee Children's Center. Send the check with this application to: Bugbee Children's Center • Bugbee Hall • State Street • Oneonta, NY • 13820					
Parent/Guardian Signature:					

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

### Enrollee information:

Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (202)720-5964

For office use:	Received by:	Date Received:
	Amount Paid:	Check/Receipt #:

Questions? Please call (607) 436-2484

updated 2011